



COLORADO

Department of Health Care
Policy & Financing

Consumer Directed Attendant Support Services in the Home and
Community Based Services Supported Living Services Waiver

Task Group Report

Division for Intellectual and Developmental Disabilities
January 9, 2015

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The Department of Health Care Policy and Financing (the Department) solicited stakeholders to participate in a task group charged with developing policy recommendations for the implementation of Consumer Directed Attendant Support Services (CDASS) in the Home and Community Based Services Supported Living Services (HCBS-SLS) Waiver. This report is written to inform stakeholders and the Department of the policy recommendations developed by the CDASS in HCBS-SLS Task Group. The HCBS-SLS waiver provides support for persons with intellectual and developmental disabilities supported living services in the person's home or community.

Introduction

The federal Centers for Medicare and Medicaid Services (CMS) grants states the ability to waive certain Medicaid State Plan restrictions for specific populations through Medicaid Home and Community Based Services (HCBS) waivers. Currently, Consumer Directed Attendant Support Services (CDASS), a service delivery option, is available to certain populations through HCBS waivers. CDASS allows individuals who require assistance with Personal Care, Homemaker Services and/or Health Maintenance Activities, to manage the funds identified for services to meet their specific needs, manage wages and hours of attendants providing care, and manage attendants.

An initial pilot of the Consumer Directed Attendant Support (CDAS) 1115 demonstration waiver began in September 2002. Following the pilot, House Bill 05-1243, Consumer Directed Care Under Medicaid, authorized the Department of Health Care Policy and Financing to expand CDASS to all HCBS waivers. CDASS is currently available in Colorado through four Home and Community Based Services (HCBS) waivers: HCBS for the Elderly, Blind, and Disabled, HCBS for Community Mental Health Supports, HCBS for Persons with Brain Injury, and HCBS for Persons with Spinal Cord Injury. The Department initially assumed that the implementation of CDASS would result in savings of service costs for these waivers. However, the implementation of CDASS into the HCBS-EBD waiver resulted in an increase of utilization, which in turn, resulted in an increase in service costs. The expansion of CDASS into the remaining waivers was delayed so that the Department could better understand the service costs of CDASS and ensure that CDASS could continue as a sustainable service delivery option. The increase in cost was and is primarily related to attendant support being readily available through CDASS where previously, provider agency capacity resulted in unmet needs.

The Department is now expanding the CDASS service delivery option to the HCBS-SLS waiver serving individuals with Intellectual and Developmental Disabilities. Increasing access to participant direction may address current issues within the HCBS-SLS waiver regarding limited access to providers in rural areas as well as statewide provider capacity issues. Importantly, CDASS allows individuals to have greater choice and

control over their support by having the ability to manage funds to purchase supports and act as the Employer of Record or the employer, depending on the model chosen by the CDASS participant. The CDASS service delivery option aligns with the final recommendations of the Community Living Advisory Group, submitted to Colorado Governor, Hickenlooper, in September 2014. The Community Living Advisory Group Report recommends that participants in HCBS waivers have the option to self-direct their services and to control an individual budget.

In order to effectively implement CDASS, the Department created a stakeholder task group who were charged with developing policy recommendations for the implementation of CDASS into the HCBS-SLS waiver.

Background

Individuals currently enrolled in the HCBS-SLS waiver receive a variety of services that support their ability to live in the community. Two of those services are Personal Care and Homemaker Services. Individuals enrolled in the HCBS-SLS waiver also receive health services support as Home Health through the Medicaid State Plan. Under the proposed CDASS option, Home Health Services through the State Plan will be replaced with Health Maintenance through the HCBS-SLS waiver.

Expenditures for the HCBS-SLS are controlled to stay within the annual appropriation by upper payment limits set in Support Levels, which are specific to an individual's needs, and the upper limit of the HCBS-SLS waiver, \$45,500.

Task Group Membership

The Department issued a Communication Brief on October 15, 2014, inviting stakeholders to participate in a Task Group to develop policy recommendations for the implementation of consumer direction for attendant support in the HCBS-SLS Waiver and to summarize these recommendations in a report to the Department. The Communication Brief requested stakeholders interested in participating in the Task Group to submit a Task Group Participation Interest Form to the Department for consideration of membership. The Department selected 14 individuals from a broad base of stakeholders to participate in the Task Group. See Appendix 1 for a complete list of members.

Group members include:

- Two members selected by the Participant Directed Programs Policy Collaborative (PDPPC)*
- Eight family members*
- Two representatives from the advocacy community*
- Two representatives from Community Centered Boards

*Indicates one member who is also a member of PDPPC

Meeting and Work Process

The Task Group process consisted of five meetings between November 2014 and January 2015. Task Group members met on the following dates:

- November 7, 2014
- November 21, 2014
- December 5, 2014
- December 19, 2014
- January 5, 2015

A final meeting is scheduled for February 11, 2015. Meetings were scheduled for two hours and were accessible in-person or through teleconference. All meetings were audiotaped, with the complete audio file/recording available in Drop Box (<https://www.dropbox.com/home#!/home/CDASS%20Task%20Group>). All meeting summaries and attachments may be found in Appendix 2.

The initial Task Group meeting consisted of a review of the CDASS service delivery option currently available in the HCBS waivers. In addition to the review of this option, group members reviewed and discussed what is working and not working in the current CDASS service delivery option and the HCBS-SLS waiver. A compilation of the group members' feedback regarding what is working and is not working was narrowed to develop a first draft of recommendations. Following a review of the recommendations, the group reviewed the HCBS-SLS waiver amendment to include CDASS in the waiver, as well as the HCBS-SLS regulations revised to include the CDASS option.

Areas of Concerns Addressed within the Task Group

One concern raised by Task Group members was related to limits associated with the Service Plan Authorization Limit in the HCBS-SLS waiver. The Service Plan Authorization Limit (SPAL) is the maximum amount of funds available per Service Plan year. Services contained within the SPAL include Personal Care, Homemaker, Behavioral and Day Habilitation Services. Additionally, there are services available to HCBS-SLS participants which are contained outside of the SPAL but must stay below the annual HCBS-SLS waiver cap of \$45,500 such as Assistive Technology and Dental and Vision Services.

With the implementation of CDASS into the HCBS-SLS waiver, Home Health Services become Health Maintenance Activities within the HCBS-SLS waiver and will be available through the CDASS service delivery option. Task Group members noted that a participant's expenditures for CDASS may not allow enough funds to access other HCBS-SLS services. The Department clarified that Personal Care Services and Homemaker Services received through the CDASS service delivery option would be contained within

the SPAL, however, Health Maintenance Activities would not be required to be contained within the SPAL and would not be within the HCBS-SLS waiver cap of \$45,500.

Upon review of the Personal Care Services definition for HCBS-SLS services, the group noted inconsistent language. The Personal Care Service available in the waivers encompass unskilled tasks while Health Maintenance Activities encompass skilled tasks. The definition of accompaniment within the HCBS-SLS Personal Care Services definition includes, “skilled care that takes place out of the home.”¹ While this definition is specific to accompaniment, it may be interpreted to indicate that the Personal Care Service included skilled care outside of the home. Task Group members worked to develop a clear definition which included the removal of the above sentence. This clarification in rule continues to allow for staff providing Personal Care to accompany individuals to attend medical appointments where they receive “skilled care outside of the home” (e.g. Dentist, Primary Care Physician, Physical Therapy, Occupational Therapy, etc.).

Recommendations

These recommendations are submitted to the Department for consideration regarding the implementation of CDASS in the HCBS-SLS Waiver.

1. Inclusion of Respite Service

Currently, an individual receiving services through the HCBS-SLS waiver may choose to receive Personal Care, Homemaker Services and/or Health Maintenance Activities through the CDASS service delivery option. Respite Services may be provided on a short-term basis due to the absence or need for relief of the primary caregiver of the person receiving services.² Task Group members strongly recommend that Respite services be offered through the CDASS service delivery option during this waiver and rule amendment. Services provided in the respite benefit almost always include personal care.

2. Inclusion of Protective Oversight in Personal Care Services

Personal Care Services as defined within the Home and Community Based Services waivers which currently include CDASS also include Protective Oversight. Protective Oversight is, “when the client requires supervision to prevent or mitigate disability related behaviors that may result in imminent harm to people or property.”³ Personal Care Services within the HCBS-SLS waiver does not include Protective Oversight and would not be available to participants choosing to receive the CDASS service delivery option through

¹ C.C.R. 2505-10, 8.500.94.10.d.

² C.C.R. 2505-10, 8.500.94.12.

³ C.C.R. 2505-10, 8.510.3.B.2.I.

the HCBS-SLS waiver. Task Group members recommend that Personal Care Services within the HCBS-SLS waiver include Protective Oversight.

3. Inclusion of all HCBS-SLS Services

In addition to the above recommendations, the Task Group recommend that all services which are currently available through the HCBS-SLS waiver also be available through the CDASS service delivery option. Currently, CDASS includes Personal Care Services, Homemaker Services, and Health Maintenance Activities, however, the ability to self-direct additional services would greatly benefit individuals receiving services in the HCBS-SLS waiver by providing choice in providers and supports.

4. Personal Care Services not Contained within the SPAL

As previously mentioned, Task Group members noted that the cost of supports available through CDASS will not leave funds available within the SPAL for other HCBS services. Personal Care Services and Homemaker Services are contained within the SPAL while Health Maintenance Activities are not contained within the SPAL and are not contained within the HCBS-SLS waiver cap of \$45,500. An individual who has an increased need for CDASS Personal Care Services may not have the funding to access other HCBS-SLS services. This may result in an individual only able to receive services to meet personal care needs but additional needs may be unmet. So that an individual is able to meet all needs, Task Group members recommend that Personal Care Services be outside of the SPAL and within the HCBS-SLS waiver cap.

5. Choice of Case Management Agency

Consumer Directed Attendant Support Services (CDASS) is a service delivery option available within several Home and Community Based Services waivers. Single Entry Point Agencies (SEPs) are the Case Management Agency who provide case management for the Home and Community Based Services waivers which currently include CDASS as a service delivery option. Single Entry Point Agencies are currently the only Case Management Agency who provide case management services for CDASS. The Task Group recommends that a person who chooses to receive CDASS through HCBS-SLS also has the ability to choose a qualified Case Management Agency to provide case management for CDASS, either a SEP, Community Centered Board (CCB), or other qualified Case Management Agency.

6. Transparency of CDASS and HCBS-SLS Service Utilization

The current Financial Management Services process includes providing monthly statements to participants of the CDASS service delivery option so that participants are able to track the monthly allocation spending. Task Group members expressed concerns

regarding the inability to view the monthly utilization of CDASS in relation to the monthly utilization of HCBS-SLS services. Task Group members recommend that participants of consumer direction receive monthly statements of the utilization of all HCBS-SLS services. Based on the transparency needs of individuals to obtain information through an online client portal system, Task Group members recommend that the Department provide appropriate access and support for the use of technology as needed to participants to view information regarding all HCBS-SLS waiver services.

7. Removal of SPAL and Waiver Cap Limitations

To ensure individuals have access to all services required to meet their needs, Task Group members recommend that the SPAL and Waiver Cap limitations are removed for CDASS participants as well as participants of the HCBS-SLS waiver.

8. Recommendations result in revisions to Waiver and Code of Colorado Regulations

Task Group members recommend that any recommendation approved by the Department is reflected through consistent changes within the waiver and the Code of Colorado Regulations.

Implementation Considerations

The Task Group recommends the integrity of the current CDASS service delivery option be replicated in the HCBS-SLS Waiver. Successful implementation of consumer direction into the HCBS-SLS waiver should consider and address any unique needs of the I/DD system. While the Task Group focused on policy recommendations, the group also identified several key aspects of implementation for consideration.

9. Dignity of Risk

Consumer direction is an opportunity for empowerment and independence among the I/DD population however, some caregivers, some case managers, and some advocates may over-protect individuals with the intention of keeping them safe. Over-protection may also limit the independence of this population. There is a need for a cultural shift but that challenge must not delay or prevent anyone meeting the CDASS criteria to access this option.

Individuals with I/DD must be given the opportunity to direct their own care and the opportunity to make their own decisions as well as make mistakes. While the community should be cognizant of the risk of exploitation, the community should also respect a person's right to choose. Education and training is needed for persons receiving services as well as case managers so that true consumer direction may occur with the implementation of CDASS into the HCBS-SLS waiver.

Additionally, safeguards are needed regarding conflict of interest issues within Case Management Agencies. Task Group members raised concerns regarding the increased risk of conflict of interest within Case Management Agencies when CDASS is implemented. Case Management Agencies who also provide direct services should ensure that HCBS-SLS waiver participants have choice for CDASS and amongst service providers.

10. Training

In order to maintain the integrity of CDASS, training should be consistent with training already provided to Case Management Agencies currently providing case management for CDASS. The Training and Operations vendor contracted by the Department provides training for CDASS participants within all HCBS waivers. The purpose of training is to provide participants and Authorized Representatives with information and direction regarding CDASS and the rights and responsibilities of CDASS participants and Authorized Representatives. Training provided outside of the Training and Operations vendor will likely need to include teaching and empowering individuals to make their own decisions and self-direct care. The Task Group recommends that this training be provided through various forms of media so that it is accessible and understood by diverse audiences.

Specifically, the training needs to expand beyond that currently provided by the Training and Operations vendor. Training should clarify the differences in the Authorized Representative definitions within the HCBS-SLS waiver and with the CDASS service delivery option. Additionally, this training should provide case managers with information and specific direction regarding implementing CDASS and assisting individuals and families with choosing the CDASS service delivery option.

Case Management Agencies' understanding of person-centered planning and the tools to assist people receiving services with making their own decisions is needed. However, this training should not delay the implementation for those individuals who are interested in and may benefit from the CDASS service delivery option. In addition, case managers will need training on how to provide case management for a CDASS service delivery option and will need to understand the process so that CDASS is implemented effectively.

11. Outreach

In order for individuals to understand consumer direction and know that this will be an available service delivery option, the Task Group recommends that a multi modal outreach program be implemented. This multi modal outreach will address the unique needs of the various communities throughout the state of Colorado so that information and education is available to all who may be interested in CDASS or who may benefit from consumer direction. The various outreach methods may include written literature and pamphlets, YouTube videos, or in-person presentations. This outreach should also

be provided by a third party in order to present an unbiased approach and understanding of CDASS.

12. Implementation Review

Recognizing implementation may require an adjustment period, the Task Group recommends a quarterly review of the efficacy of implementing the CDASS option in order to address operational issues that arise. Review should include, at a minimum, evaluation of client and case managers understanding of the CDASS option and that the option is being implemented effectively.